



701 W. Baker Rd.
Baytown, TX 77521

DEPUTY CONSTABLE APPLICANT INSTRUCTIONS

1. Attach a copy of your high school diploma, GED, or college diploma.
2. Attach a copy of your highest level of certificate obtained from the Texas Commission on Law Enforcement Officer Standards and Education.
3. Attach certified copy of original birth certificate.
4. If you need additional space for any of the questions attach a separate sheet to this application.
5. Be sure to have item number 31 is notarized, including applicant signature.
6. Attach copy of social security card.
7. Attach recent color photograph of you.
8. Attach certified copy of military discharge (DD 214) if applicable. Must be honorable discharge.
9. Attach a copy of your current valid Texas driver's license.
10. Attach a copy of your Peace Officer Certificate from police academy.

Your application must be hand-printed and filed out by you personally. If a question is not applicable to you enter N/A in the space provided.

Applicant must be at least 21 years of age and a citizen of the United States of America. Never been convicted of a felony in state, federal or military court. Applicant will be disqualified for any conviction of a Class A or Class B misdemeanor within the last 10 years, currently on probation for a criminal offense or excessive traffic violations. Applicant must not be currently charged with any criminal offense.

Applicant must be examined by a medical professional and declared in writing that applicant is physically sound and free from any defect which may adversely affect his duty as a peace officer and show no trace of drug dependency. Attach

If applicant has been convicted of any family violence offense, prohibited by state or federal law from operating a motor vehicle or prohibited by state or federal law from possessing firearms or ammunition applicant is **permanently disqualified** from applying with this department.

Applicants must have their fingerprints done at a DPS authorized location with a cost to the applicant of \$9.95. The Department Code is: TX10148H1 Authorized Location: Sylvan Learning Center 4804 East Freeway Baytown TX 77521 (In front of San Jacinto Mall) 281-421-4169. For other locations go to: <http://www.ibtfingerprint.com/locations> or call (888) 467-2080.

APPLICATION FOR EMPLOYMENT FOR THE POSITION OF DEPUTY
HARRIS COUNTY PRECINCT 3 CONSTABLE
701 W. BAKER RD.
BAYTOWN, TEXAS 77521
(281) 427.4792



DATE OF APPLICATION: _____

Application For:

- ☐ Reserve Deputy
☐ Full Time Deputy

1. Name: _____
last first middle
2. Address: _____
street city state zip
3. Business Address: _____
street city state zip
4. Occupation: _____
5. Home Phone: _____
area code phone number
6. Business Phone: _____
area code phone number
7. Mobile Phone: _____
area code phone number
8. Pager Number: _____
area code phone number
9. Date of Birth: _____ Place of Birth: _____
city state
10. Height: _____ Weight: _____ Eyes: _____
11. Social Security Number: _____
12. Texas Driver's License Number: _____
13. High School Attended: _____

14. Dates attended: _____ Date of Degree: _____

15. College: _____
name address
Dates attended: _____ Total College Hours: _____
Date of Degree: _____

16. Marital Status: Married _____ Single _____ If married answer question 17:

17. Name of Spouse: _____
last first maiden

Date of Birth of Spouse: _____

Social Security Number of Spouse: _____

Drivers License Number of Spouse: _____

18. Specialized Schools: Attach separate sheet to this application listing specialized schools.

19. Total number years of law enforcement experience: _____. PID #: _____

20. Certificate level (Texas Commission on Law Enforcement Officer Standards and Education)

(You must have a current Texas Law Enforcement certificate to apply with the Harris County Constable Pct. 3)

21. List the name, address, home phone number and business phone number of three references that have known you for at least five (5) years.

a) _____

b) _____

c) _____

22. Military Service: _____ Type of Discharge: _____

23. List chronologically, all addresses that you have lived in the past ten years. Include street address, city, state, zip, and the dates that you lived at that address.

24. Have you been arrested or charged with any violation of the law? (Other than traffic laws resulting in a fine.)

Yes: _____ NO: _____

If you answered yes, state date, place, charge, disposition of the case.

25. List outside activities and hobbies.

EXPERIENCE RECORD: Applicant's employment records will be reviewed and applicant's supervisor will be interviewed. **List last employment first:**

26. Date of Employment: _____ Years: _____ Salary: _____

Employer: _____

Address: _____
street city phone

Reason for termination: _____

Name and telephone # of immediate supervisor: _____

27. Date of Employment: _____ Years: _____ Salary: _____

Employer: _____

Address: _____
street city phone

Reason for Termination: _____

28. Date of Employment: _____ Years: _____ Salary: _____

Employer: _____

Address: _____
street city phone

Reason for termination: _____

29. Date of Employment: _____ Years: _____ Salary: _____

Employer: _____

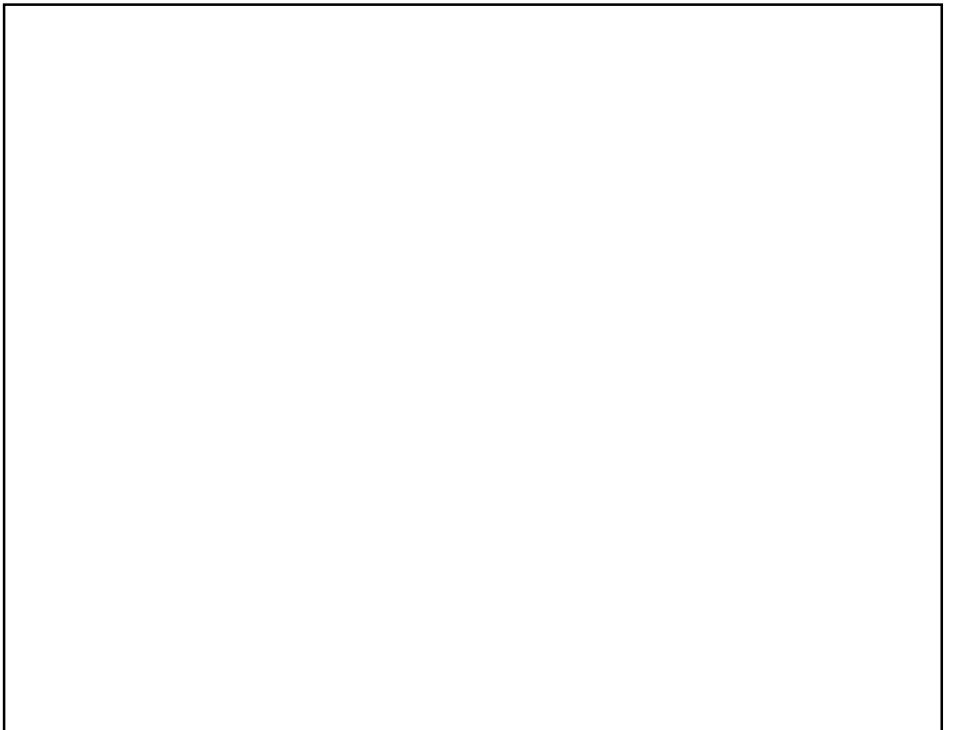
Address: _____
street city phone

Reason for termination:_____

30. State name of current auto insurance company, address, phone number, policy number and name of insurance agent.

31. Attach "RELEASE OF EMPLOYMENT AUTHORIZATION" affidavit.

Attach photograph here :



Applicant Qualification

I understand that nothing contained in this application or in the granting of an interview with the Hiring Committee, creates a contract between the Harris County Precinct 3 Constable's Department, Harris County, Texas, or its governing body, The Commissioners Court of Harris County, Texas, and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee, if made, is binding upon the Harris County Precinct 3 Constable's Department, Commissioners Court, or Harris County, Texas unless made in writing. If an employment relationship is established, I acknowledge that no consideration has been furnished to the Harris County Precinct 3 Constable's Department, Commissioners Court, or Harris County, Texas, for employment other than my services, and I understand I have a right to terminate my employment at any time, and that the Constable of Precinct 3, Harris County, Texas and Commissioners Court of Harris County, Texas, has that same right.

I am a citizen of the United States of America. I have earned a high school diploma or a GED. I have never been convicted, plead guilty (nolo contendere), nor have been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

I hereby swear/affirm that I am in good physical condition, free from disease or defects that would interfere with the satisfactory performance of the duties of the position of reserve deputy or regular deputy.

I hereby swear/affirm that the foregoing information contained in this application for employment is true and correct. I further understand that any untrue statement made by me in this application will constitute cause for rejection of this application from consideration, or termination after employment. I am also aware that I will not be considered for the position of regular deputy or reserve deputy, Harris County Precinct 3 Constable's Department unless I meet the minimum requirements for that position, which are set out in this application.

I also understand that my references will be interviewed, past employer interviewed and background checked.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____ A. D. 201____,
to certify which witness my hand and seal of office.

NOTARY PUBLIC in and for the
STATE OF _____

My commission expires:

Notary's printed name:

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Harris County Precinct 3 Constable's Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____



This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting www.L1enrollment.com or by calling 1-888-467-2080. **When scheduling an appointment you will be prompted by L-1 Enrollment Services for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check.** These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to www.L1enrollment.com
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX10148H1**
10. Follow the prompts to enter requested information.
11. Bring this completed form with you to your appointment.

Section One: Qualified Entity Information

ORI#: [TX10148H1](http://www.L1enrollment.com)

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Harris County Constable's Office PCT 3

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I am a current or prospective: ☐ Employee/Contractor/Vendor or ☐ Volunteer.

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Officer)

Date Prints Taken _____ Amount Charged For Service: _____ \$9.95 _____

Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct _____

TCN: _____

☐ I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.O. Name: _____ E.O. Signature: _____
(Please print)